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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 303 Villa Rosa San Antonio, TX 78237
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/12/07
(Name and License Number of Inspector) (Date)

(Name, License Number and Signature of Sponsoring Inspector, if required)

The inspection of the property listed above must be performed in compliance with the rules of the Texas Real Estate Commission (TREC).

The inspection is of conditions which are present and visible at the time of the inspection, and all of the equipment is operated in normal modes. The inspector must indicate which items are in need of repair or are not functioning and will report on all applicable items required by TREC rules.

This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully. If any item is unclear, you should request the inspector to provide clarification.

It is recommended that you obtain as much history as is available concerning this property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions or other such activities have taken place at this property.

Property conditions change with time and use. Since this report is provided for the specific benefit of the client(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: 20070839904 Phone Number: _____

Date of Inspection: 09/12/07 Fax Number: _____

Time of Inspection: 11:00am

Client Mailing Address: _____

City/State/Zip: _____

SPECIAL NOTES:

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

I=Inspected	NI=Not Inspected	NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R	

I. STRUCTURAL SYSTEMS

- A. Foundations** (If all crawl space areas are not inspected, provide an explanation.)
Comments (An opinion on performance is mandatory.):

FOUNDATION TYPE- Concrete slab on grade.
 CONCRETE FOUNDATION OBSERVATIONS- Deficiencies- Excessive cracking observed in size and /or numbers at locations of structure, at garage floor area. Recommend foundation company and/or engineer for review and possible repairs prior to closing.
 Missing, damaged parge coating at exterior right side foundation
 Minor signs of past settlement observed in the form of hair line type cracking to finished surfaces at front porch, at garage floor areas, at front porch area.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left front , at rear areas . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.

- C. Roof Covering** (If the roof is inaccessible, report the method used to inspect.)
Comments
 METHOD USED TO INSPECT ROOF- The following was observed from either eave level and/or ground level using binoculars.
 DESCRIPTION OF MATERIALS- Composition and/or fiberglass shingles. Note: Average life expectancy under normal installation/conditions is between 10 -14 years. Approximate age of roof. Approximate age of this roof covering is believed to be between 5 and 10 years old.
 ROOF COVERING OBSERVATIONS- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. Seal all exposed fasteners at ridge caps, flashings on roof.
 Torn/damaged shingles at front roof area.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.

- D. Roof Structure and Attic** (If the attic is inaccessible, report the method used to inspect.)
Comments
 ACCESS METHOD/LIMITATIONS- No access due to storage
 ATTIC OBSERVATIONS- Truss framing
 ROOF STRUCTURE OBSERVATIONS- No view to attic

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INSULATION OBSERVATIONS- Not able to determine if attic insulation was present at this time.

E. Walls (Interior and Exterior)
Comments

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
OBSERVATIONS- patching, repairs at rear bath wall
Staining, fungal type growth at bath wall
Damaged drywall at front left bedroom

EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Aluminum/vinyl siding. Brick and/or block (stone) veneer over wood framing.
Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.
OBSERVATIONS-damaged soffit at right of house.
Seal holes at left front siding.
Exposed nails at fascia around house

F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- ceiling damaged at family room, at master bath.
Cracking in ceiling at family room

FLOOR COVERING(S)-no finished flooring noted at master bath, at entry area.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS- utility room door sticking in jamb
EXTERIOR DOOR OBSERVATIONS- Side garage door sticking in jamb
Garage overhead door damaged

H. Windows
Comments

OBSERVATIONS- Seal damaged at right rear bedroom, at left rear bedroom, at front living room windows

note: all windows must be kept sealed on exterior to prevent leakage

I. Fireplace/Chimney
Comments

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Not Present

J. **Porches, Decks and Carports (Attached)**
Comments
 PORCH OBSERVATIONS-deteriorated wood at base of posts at front porch area.

K. **Other**
Comments

Not Present

II. ELECTRICAL SYSTEMS

A. **Service Entrance and Panels**
Comments:
 SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at left of house
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg of panel but not properly marked

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

B. **Branch Circuits - Connected Devices and Fixtures** (Report as in need of repair the lack of ground fault circuit protection where required.)
Comments:
 FEEDERS- Copper, Aluminum (220 volt OK)
 VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper
 BRANCH WIRING OBSERVATIONS- RECEPTACLE DEFICIENCIES- ceiling fan missing light cover

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. **Heating Equipment #1:**
Type/Energy Source: System Type- Electric Forced Air Heat Pump.
Comments:
 Unit located at hall closet.
 Heating System- The heating system operated correctly at the time of the inspection.

B. **Cooling Equipment #1:**
Type/Energy Source:
Comments:

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Electric.

Cooling System- - Central, - Split System.
 Trane est 2 1/2 ton 2000 unit located at exterior.
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- **Temperature drop/differential observed to be over 20 degrees. This may indicate dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.**
 EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/
 servicing.
 Debris and fungal type growth observed at interior blower unit in need of proper removal.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on refrigerant lines to unit
 Exterior unit unlevel in need of repairs

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C. Ducts and Vents

Comments:

DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
 Ductwork, Air Chase and/or Plenum Observations-all duct joints in need of sealing to prevent leakage
 It is not recommended to install cord or outlet for water heater in return chase.
 FILTER OBSERVATIONS- Filters are very dirty.

IV. PLUMBING SYSTEM

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A. Water Supply System and Fixtures

Comments:

The potable water supply source is- Municipal service is primary water source.
 SUPPLY PIPING TYPE- Copper, Galvanized
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.
 EXTERIOR PLUMBING-hose bibbs leaking at handles when on

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- **Toilet is loose at the floor with the possibility of leakage, an unsanitary condition that can also cause damage to flooring. A plumber should resecure the toilet as needed.**
 TUB/SHOWER PLUMBING- tub fixture dripping, leaking.

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Bathroom #2

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B. Drains, Wastes, Vents
Comments:
 DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

Bathroom #1 MASTER BATHROOM:
 LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

C. Water Heating Equipment #1: (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
Energy Source: Electrically operated.
Comments:
 State 40 gallon unit located at hall closet.
 No problems observed during this inspection period.

D. Hydro Therapy Equipment
Comments:
 Not Present

V. APPLIANCES

A. Dishwasher
Comments:
 No problems observed during limited test run of appliance.

B. Food Waste Disposer
Comments:
 Deficiencies- Noise and or vibration was present when operated.

C. Range Hood
Comments:
 No problems observed during limited test run of appliance.

D. Ranges/Ovens/Cooktops
Comments:

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | E. Microwave Cooking Equipment | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Not Present | | | | | | |
- | | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | F. Trash Compactor | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Not Present | | | | | | |
- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | G. Bathroom Exhaust Fans and/or Heaters | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Vent unit present. No problems observed during limited test run of appliance. | | | | | | |
- | | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|-------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | H. Whole House Vacuum Systems | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Not Present | | | | | | |
- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I. Garage Door Operators | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| No problems observed during limited test run of appliance. | | | | | | |
- | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | J. Door Bell and Chimes | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| No problems observed. | | | | | | |
- | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|----------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | K. Dryer Vents | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| <u>Vent cap is damaged.</u> | | | | | | |
- | | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | L. Other Built-in Appliances | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Not Present | | | | | | |

VI. OPTIONAL SYSTEMS

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | A. Lawn Sprinklers | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |
| Not Present | | | | | | |
- | | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | B. Swimming Pools and Equipment | Oven present, Electric.
Storage in unit. Not operated |
| <i>Comments:</i> | | | | | | |

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| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

C. Outbuildings
Comments:
- | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

D. Outdoor Cooking Equipment
Energy Source:
Comments:
- | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

E. Gas Lines
Comments:
- | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

F. Water Wells (A coliform analysis is recommended.)
Type of Pump:
Type of Storage Equipment:
Comments:
- | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

G. Septic Systems
Comments:
- | | | | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------|

H. Security Systems
Comments:
security testing is not part of this inspection
- | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------|

I. Fire Protection Equipment
Comments: